

IN THE MATTER OF THE )  
ADMINISTRATIVE INSPECTION OF: )  
  
OPEN DOOR RX INC. )  
1130 N. NIMITZ HIGHWAY, SUITE )  
#A-153 A/B, HONOLULU, HAWAII )  
96817; and )  
  
OPEN DOOR PHARMACY LLC )  
1130 N. NIMITZ HIGHWAY, SUITE )  
#A-153, HONOLULU, HAWAII )  
96817. )  
)

) MAG. NO. 17-01289 RLP

) RETURN OF ADMINISTRATIVE  
INSPECTION WARRANT

FILED IN THE  
UNITED STATES DISTRICT COURT  
DISTRICT OF HAWAII

NOV 07 2017

at 1 o'clock and 30 min PM  
SUE BEITIA, CLERK

RETURN OF ADMINISTRATIVE INSPECTION WARRANT

The undersigned, Alexandros Nikoloudakis, declares  
under penalty of perjury:

That he received the attached Administrative  
Inspection Warrant on November 07, 2017, to search the  
controlled premises of OPEN DOOR RX INC. and OPEN DOOR PHARMACY  
LLC, located at 1130 N. Nimitz Highway, Suite #A-153, Honolulu,  
Hawaii 96817, for purposes of inspecting, verifying and copying  
various records required to be kept under the provisions of the  
Controlled Substance Act.

That on November 07, 2017, he served a copy of the  
Warrant upon Michael Hanna, and conducted an inspection of the  
controlled premises described in the warrant.

That the inspection of the premises described in the  
Warrant was completed on November 07, 2017.

That attached hereto is a DEA Form-12, Receipt for  
Cash or Other Items, describing the property seized pursuant to  
this Administrative Inspection Warrant.

  
\_\_\_\_\_  
ALEXANDROS NIKOLOUDAKIS  
Diversion Investigator  
Drug Enforcement Administration  
U.S. Department of Justice

Dated: 11-07-17

**ATTACHMENT TO ADMINISTRATIVE INSPECTION WARRANT**

1. Diversion Investigator (DI) Alexandros Nikoloudakis executed the Administrative Inspection Warrant (AIW) on OPEN DOOR RX, INC. & OPEN DOOR PHARMACY LLC., located at 1130 N. Nimitz Highway, Suite #A-153, Honolulu, Hawaii 96817. During the execution of the AIW, The Investigators entered the premises and noticed that the pharmacy was vacant. There were no records or any controlled substances at the premises and DEA did not seize anything.

## **RECEIPT FOR CASH OR OTHER ITEMS**

TO: (Name, Title, Address (including ZIP CODE), if applicable)	FILE NO.	G-DEP IDENTIFIER
	<b>FILE TITLE</b> OPEN DOOR RX INC & OPEN DOOR PHARMACY LLC	
	DATE	11-07-2017

**DIVISION/DISTRICT OFFICE**  
**DRUG ENFORCEMENT ADMINISTRATION**  
**HONOLULU DISTRICT OFFICE**

I hereby acknowledge receipt of the following described cash or other item(s), which was given into my custody by the above named individual.

RECEIVED BY (Signature)

**NAME AND TITLE (Print or Type)**

WITNESSED BY

**NAME AND TITLE (Print or Type)**